

Medical Schools of the West

Loma Linda University School of Medicine

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Students were first accepted into medical school in Loma Linda in 1909 (see Figure 1) and the first class was graduated in 1914. Graduation has continued each year without interruption since that time. The forerunner of Loma Linda University School of Medicine was the American Medical Missionary College at Battle Creek, Michigan, and many of the early faculty of Loma Linda were graduates of that school. The medical school was called the College of Medical Evangelists until 1961, when the name was changed to Loma Linda University.

In 1913 clinical teaching was begun in Los Angeles. A clinic was started in Boyle Heights, from which the White Memorial Clinic and Hospital developed. This institution, owned and operated by the school itself, became a primary teaching unit. In 1914 students began to receive instruction at the Los Angeles County Hospital and clinical instruction was continued there until 1966.

In the 1940s and, especially, in the 1950s, considerable discussion arose relating to the advisability of consolidating the various facilities of the school on one campus. For pragmatic and financial reasons it seemed simplest to move the basic science aspects of the school to Los Angeles. On the other hand, it was thought that the school's identity and thrust could best be maintained by centralizing everything in Loma Linda. After lengthy debate, the latter course was chosen. To assure the success of the move, the Board of Trustees voted to underwrite the building of a medical center and teaching facility of more than ½ million square feet. In addition, some financial help was given for clinical faculty who were asked to move to Loma Linda. The decision to move to Loma Linda was made in 1962, and by the summer of 1964 construction had actually begun on the medical center, which was completed in 1967 (see Figure 2). In 1963 an affiliation was worked out with the Riverside General Hospital which has continued to date.

Enrollment and Curriculum

The decade and a half since consolidation at Loma Linda paralleled a time of intense pressure by society to increase the number of physicians. Beginning with the class admitted in 1963 Loma Linda had decreased enrollment so as to accommodate the move to Loma Linda, where facilities were more limited than those available in Los Angeles. As the hospital and affiliations became operative, however, enrollment was gradually increased. With progressive financial incentives by the federal government further increases were made. These first federal incentives were followed by a program of the state of California that offered capitation to the three private medical schools in the state if they would further increase enrollment. This rather large capitation offer was to be without precondition as to how the money would be spent by the medical schools. Unfortunately, after an increased number of students were accepted, the program was ruled unconstitutional, and Loma Linda did not receive any of the expected funds. The additional students accepted in anticipation, however, did establish the base for later federal capitation incentives.

In 1968 a curriculum was introduced integrating the basic sciences and clinical rotations, thereby giving students early clinical experience. Under this program the entire senior year was elective; but although philosophically the curriculum seemed to be ideal, it had some pragmatic drawbacks. First, because the integrated blocks were handled by committees, responsibility was not easily assigned. It was found far more successful to hold a department responsible through its departmental head than to deal with an interdisciplinary committee or its chairman. Although the loose structure of the fourth or elective year did fit well for some ambitious, well-motivated students, it had two serious problems:

1. Students were encouraged to take elective experi-

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ence that would be of interest and benefit to the student but which would not necessarily contribute to general and clinical education.

2. The evaluation mechanism was less standardized, and it was found that some students probably suffered for the lack of structure and guidance.

After experience with three classes this interdisciplinary approach was abandoned and the curriculum changed to a classic basic science/clinical subject format. However, to meet the pressure of an increased enrollment a program was developed in which two classes were accepted each year, one in the spring and another of equal size in the fall. All basic science courses were thus taught twice each year. This had the advantage of maximal use of physical facilities. It also allowed for more flexibility in the medical school program in that some students could travel at a slower pace, and those choosing a faster pace could graduate in as little as 39 months. Also, the necessity of repeating subjects would not entail the loss of an entire year. The following disadvantages were noted:

- Fatigue of students and faculty, resulting from lack of breaks.
- Pressure on teaching faculty counterproductive to research efforts.
- Graduations twice each year (approximately June 1 and December 1) and increasing difficulty in finding postgraduate slots for the December group. This became a serious problem as the number of available postgraduate slots dwindled in comparison to the number of US graduates. The school continued this program for six years, or 12 classes.

As the problems mentioned above developed, the curriculum committee on the basis of an in-depth study recommended a return to the four-year curriculum with one class each year. In this program the basic science courses were distinct and occupied much of the first two years.

More recently a section in community medicine has been developed and has been expanded. Physical diagnosis is taught in both freshman and sophomore years. During the junior clerkships time has been allotted



Figure 1.—The original main building in Loma Linda when the property was purchased in 1905.

for exposure to family practice. Both family practice clinics and private physician offices are being utilized.

Funding and Facilities

Due to the consolidation of the medical school on the Loma Linda campus it was necessary to develop a medical center in which the clientele were private patients of physicians. This led to development of a clinical faculty centered about the care of patients, particularly in a tertiary medical center environment. The time of the move of the school was also the time of increased federal support. During these years the school of medicine did receive considerable federal funds in the form of capitation grants, as well as other kinds of grants. However, the school found itself faced with a number of restrictions connected with the capitation grants related to public law 94-484 (The Kennedy-Rogers Bill), which was passed in 1976. In early 1978 these problems were carefully considered by both the faculty and the Board of Trustees. The decision was made to decline further federal support of this nature. In doing this, the faculty did realize the vulnerability

of the school because of the loss of such funds, and this realization helped accelerate the completion of a faculty practice structure whereby the clinical departments or sections were organized into practice groups or corporations—under a steering corporation in which the University Vice President for Medical Affairs and the Dean of the University School of Medicine are President and Vice President respectively.

The practice groups not only serve as the employing structure for the full-time clinical faculty but give support for research and teaching. At present this faculty practice structure makes a very important contribution to the financial soundness of the medical school.

The decision to forego capitation had also one other salutary effect. The faculty believed that the number of students had become too large for adequate clinical instruction. Hence, because the school was no longer under a minimum enrollment mandate, a decision was made to decrease enrollment from a high of 166 students per year to 140. Four successive classes now have



Figure 2.—The medical center, completed in 1967.

been admitted with a smaller enrollment. The present number is 140.

The university hospital with a 546 bed unit was completed in 1967. The Jerry L. Pettis-Memorial Veterans Medical Center hospital was completed and opened in 1977. This modern 500 bed unit is integrated into the undergraduate and postgraduate teaching of the medical school. A new basic science building is under construction, a project of the medical school alumni. It is due to be completed this year.

A strong effort is being made to encourage the spirit of inquiry among students and faculty. A number of scientists active in research have been recruited. At present there are centers of excellence in such fields as neurobiology, perinatal physiology, coagulation and red cell biophysics; recently added is a large team working in bone metabolism.

Summary

The past decade and a half has been a time of consolidation and unification of the school on the campus at Loma Linda. At the time the decision was made to consolidate the school on the Loma Linda campus, there was considerable apprehension about whether the move to a rural area 60 miles east of Los Angeles would be successful. All now agree that it was opportune in time and place. The campus is spacious and the setting ideal. There is a community of students and faculty that allows for much closer interaction and contact than before. The close relationship with other health-related schools in a medical center makes for a closer working relationship; the setting has allowed the development of a team approach to patient care which

emphasizes the caring and compassion that are in keeping with the basic goals and purpose of the school. The faculty-to-student ratio has been increased, and a preceptorship system has developed whereby faculty members become involved closely with specific students. In addition, the move to Loma Linda proved that there was a need for a tertiary care facility in this part of California, the "Inland Empire."

Along with other developments there has been increased interest in international aspects of medical practice. At present 160 of our alumni are in foreign countries, and during the past ten years the Loma Linda University heart team has been active in a service and educational program in Vietnam, Saudi Arabia and, more recently, in China. A number of other faculty members have been involved in medical education abroad, and a sizable number of students have been going to overseas mission hospitals for their three months senior elective experience. This widened experience has stimulated an interest and desire to serve the needy in deprived areas in distant lands as well as at home.

In the past three years there have been active MD/MS and MD/PhD programs, and the school is sponsoring a medical scientist training program in which selected students will receive training in molecular biology and research integrated with the training for an MD degree. The long-range goal is to develop research-oriented clinicians who as future faculty members can enrich the school's educational program—developing not only able clinicians but clinicians with an inquiring mind and with the desire to add to medical knowledge.